

**TO THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF HAWAII  
ANNUAL REPORT OF  
CLASS "B" COMMON PASSENGER CARRIERS  
(PUC REGULATED REVENUES \$200,000 AND OVER)**

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**STATE EXACT NAME OF CARRIER**

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**PUC NUMBER**

**FOR THE YEAR ENDED DECEMBER 31, 20\_\_\_\_\_**

**NOTICE:** An annual report is to be filed and is due no later than April 30 to cover the preceding calendar year's operations.

**Under Section 271-27(i), Hawaii Revised Statutes, a civil penalty shall be imposed for the delinquent filing of this financial report:**

- (1) A sum of one-sixteenth of one percent of the motor carrier's gross revenue from the preceding calendar year shall be assessed, if the failure is not more than one month.**
- (2) An additional one-sixteenth of one percent of the motor carrier's gross revenues from the preceding calendar year shall be assessed for each additional month or fraction thereof.**
- (3) In no event shall the total penalty be less than \$50.**

**APPROVED BY THE PUBLIC UTILITIES COMMISSION**

**HAW-PUC Form 92-012  
Effective 1/1/93  
rev 1/1/02**

ORGANIZATION AND CONTROL OF CARRIER

1. State full and exact name and address of carrier making this report.

Carrier: \_\_\_\_\_ PUC No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Insert an "X" if new address within the last 12 months ( )**

Business Name (dba): \_\_\_\_\_  
 Business Address (other than P.O. Box): \_\_\_\_\_  
 Phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

- 2a. **Annual Financial Reports** (AFR) are available on our Department web site. Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

3. Date first started business: \_\_\_\_\_

4. State the various kinds of business, other than common carriage, in which the carrier was engaged at any time during the year:

\_\_\_\_\_  
 \_\_\_\_\_

5. Island(s) in which carrier service is offered: \_\_\_\_\_

6. List companies controlled by carrier: \_\_\_\_\_

\_\_\_\_\_

7. List persons or companies controlling carrier; also state percent owned: \_\_\_\_\_

\_\_\_\_\_

8. Are you a member of a tariff bureau?

(a) If yes, name of tariff bureau: \_\_\_\_\_

(b) If no, have you filed a current tariff schedule with this office?: \_\_\_\_\_

9. Provide the following information regarding your insurance:

- (a) Bodily Injury and Property Damage Liability

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

- (b) Cargo Insurance

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

10. Location of carrier's records: \_\_\_\_\_

11. Name of outside accountant (PA or CPA): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
12. Preparer of this report:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
13. Please check (✓) whether account books are kept on a **calendar year** ( ) or **fiscal year** ( ) basis. If fiscal year basis, please state the period: \_\_\_\_\_.  
Note that this annual financial report must be filed on a calendar year basis.

VERIFICATION

I, \_\_\_\_\_, certify (or declare) that I am duly authorized to  
(Print or Type)  
file this statement; that I have knowledge to the matters contained herein; that the PUC  
regulated revenues reported herein reflect rates under the lawful tariff(s) filed with this  
Commission; and that the report set forth in this annual report is complete, true and  
correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_

Carrier \_\_\_\_\_

### Additional Information For Corporations and Partnerships Only

14. Date of Incorporation: \_\_\_\_\_  
Incorporation in the State of: \_\_\_\_\_

15. Names of Directors/Partners:

[illegible]

16. Names of Officers:

[illegible]

**EXHIBIT B****Section A OPERATING REVENUES - PASSENGER CARRIERS:**

Note: (1) Before you complete this section, please read Instruction Number 6d.  
(2) Do not include taxi, school bus, or non PUC revenues.

Line	Classification	PUC Revenues
1	Tour	
2	Transfer	
3	Shuttle	
4	Baggage	
5	Miscellaneous (Specify):	
6	Total	*

**Section B PUC MOTOR CARRIER GROSS REVENUE FEE:**

7 Total PUC Revenues (\* Line 6) \$

**NOTE: IF REVENUES ARE OVER OR EQUAL TO \$200,000  
PLEASE CALL THE AUDIT SECTION AT 586-2020.**

8 Motor Carrier Fee (Line 7 x .0025.)  
**Note: Minimum payment due is \$20.** \$

Pay amount on Line 8 on or before April 30th. Otherwise, penalty and interest will be assessed. **Make your check payable to Hawaii Public Utilities Commission** and attach to this page. Indicate your PUC number on the check. Your cancelled check is your receipt.

HRS § 239-2 relating to the **Public Service Company (PSC) Tax** amends certain PSC tax provisions, particularly by amending the definition of "gross income" to allow motor carriers to pay the PSC Tax only on their portion of gross receipts received through the arrangements with other motor carriers. HRS § 239-2 **DOES NOT APPLY TO THE CALCULATION OF THE PUC MOTOR CARRIER FEE (Fee)**. There is no provision under PUC statutes that allows for a deduction in gross revenues to calculate the PUC Fee. No deductions to gross revenues (including **Farm-Outs**) shall apply when calculating the PUC Fee. See Hawaii Revised Statutes § 271-36.

ISLAND: \_\_\_\_\_

**Place an asterisk \* next to the year if the vehicle is not registered to the carrier.**

[illegible]